CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION PH 12: 42 COVER PAGE A Public Document NAME (LAST) Johnston Larry K 4. Schedule Summary Name of Office, Agency, or Court Mono County Board of Supervisors Division, Board, District, if applicable: CALIFORNIA FORM 700 PH 12: 42 COVER PAGE A Public Document A Public Document A Public Document A Schedule Summary Total number of pages including this cover page: Check applicable schedules or "No reportable

Name of Office, Agency, or Court Mono County Board of Supervisors Division, Board, District, if applicable: First District Supervisor Your Position: Board Member (Assuming Office) I filting for multiple positions, list additional agency(lesy) position(s): (Attach a separate sheet if necessary.) Agency: Mono County Position: Ast. Com. Dev. Director (Leaving Office) 2. Jurisdiction of Office (Check at least one box) State County of Mono City of Multi-County Other 3. Type of Statement (Check at least one box) Massuming Office/Initial Date: 1 1 1 11 Annual: The period covered is January 1, 2009, through December 31, 2009. Meaning office Date Left: 8 3 1 1 10 (Check one) 1. Leaving Office Date Left: 8 3 1 1 10 (Check one) 1. The period covered is January 1, 2009, through the date of leaving office. Candidate Election Year: 1. Total number of pages: 4 Including this cover page: 4 Include All Yes - schedule attached Investments (tok or Greater Owneship) Schedule A. 2 Yes - schedule attached Investments (tok or Greater Owneship) Schedule B. Yes - schedule attached Investments (tok or Greater Owneship) Schedule B. Yes - schedule attached Investments (tok or Greater Owneship) Schedule B. Yes - schedule attached Investments (tok or Greater Owneship) Schedule B. Yes - schedule attached Investments (tok or Greater Owneship) Schedule B. Yes - schedule attached Investments (tok or Greater Owneship) Schedule B. Yes - schedule attached Investments (tok o	1. Office, Agency, or Court	4. Schedule Summary
Monto County Board of Supervisors Division, Board, District, if applicable: First District Supervisor Your Position: Board Member (Assuming Office) ▶ If filling for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.) Agency: Mono County Position: Ast. Corn. Dev. Director (Leaving Office) 2. Jurisdiction of Office (Check at least one box) □ State □ County of Mono □ City of □ Multi-County □ Other □ Office (Check at least one box) □ Assuming Office/Initial □ Date: 1 / 1 / 11 □ Annual: The period covered is January 1, 2009, through December 31, 2009. □ Assuming Office Date Left: 8 / 31 / 10 (Check one) □ The period covered is January 1, 2009, through the date of leaving office. ■ Corn O The period covered is January 1, 2009, through the date of leaving office. ■ Corn O The period covered is January 1, 2009, through the date of leaving office. ■ Corn O The period covered is January 1, 2009, through the date of leaving office. ■ Corn O The period covered is January 1, 2009, through the date of leaving office. ■ Corn O The period covered is January 1, 2009, through the date of leaving office.	Name of Office, Agency, or Court:	
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Schedule A-1	First District Supervisor	
If filing for multiple positions, list additional agency(les) position(s): (Attach a separate sheet if necessary.) Agency: Mono County	Your Position:	
Investments (Less than 10% Ownership) position(s): (Attach a separate sheet if necessary.) Agency: Mono County Position: Ast. Com. Dev. Director (Leaving Office) 2. Jurisdiction of Office (Check at least one box) State County of Mono City of Great Payments Other 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: 1 / 1 / 11 Annual: The period covered is January 1, 2009, through December 31, 2009. Corro O The period covered is January 1, 2009, through Check one) The period covered is January 1, 2009, through Check one) The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office. The period covered is January 1, 2009, through the date of leaving office.	Board Member (Assuming Office)	Schedule A-1
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County of Mono City of Schedule City of Schedule County Co	☐ State	<u> </u>
Multi-County	County of Mono	<u> </u>
Type of Statement (Check at least one box) Assuming Office/Initial Date: 1 / 1 / 11 Annual: The period covered is January 1, 2009, through December 31, 2009. The period covered is/, through December 31, 2009. Leaving Office Date Left: 8 / 31 / 10 (Check one) The period covered is January 1, 2009, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office.	☐ City of	Schedule E
No reportable interests on any schedule	Multi-County	Income - Gifts - Travel Payments
3. Type of Statement (Check at least one box) Assuming Office/Initial Date: 1	Other	-or-
Assuming Office/Initial Annual: The period covered is January 1, 2009, through December 31, 2009. OThe period covered is, through December 31, 2009. Leaving Office Date Left:, through Check one) The period covered is, through the date of leaving office. OThe period covered is, through the date of leaving office. The period covered is, through the date of leaving office. Annual: The period covered is January 1, 2009, through the date of leaving office. Signature 5. Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed		No reportable interests on any schedule
Annual: The period covered is January 1, 2009, through December 31, 2009. OThe period covered is, through December 31, 2009. Leaving Office Date Left:, through (Check one) The period covered is January 1, 2009, through the date of leaving office. OThe period covered is, through the date of leaving office. Signature 5. Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	3. Type of Statement (Check at least one box)	
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O The period covered is, through December 31, 2009. I Leaving Office Date Left:		I have used all reasonable diligence in preparing this
O The period covered is, through December 31, 2009. I Leaving Office Date Left:	-or-	•
		attached schedules is true and complete.
date of leaving office. OThe period covered is/, through the date of leaving office. Date Signed		
O The period covered is/, through the date of leaving office.		Date Signed 12-10-11
the date of leaving office.	<u> </u>	(month, day, year)
Candidate Election Year:		
	Candidate Election Year:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Larry Johnston

1062

➤ STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
Eastside Lane 02-460-55	Eastside Lane 02-460-56
CITY	CITY
Walker	Walker
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	LeaseholdOther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499	S0 - \$499
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
of business on terms available to members of the p and loans received not in a lender's regular course	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER*
NAME OF LENDER*	NAME OF LENDER
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% [None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	
Larry Johnsto	n

2 0 2

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
East Mono Lake Drive 19-161-01	Westridge Road 26-300-16
CiTY	CITY
Mono City	Paradise
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 09
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	X Ownership/Deed of Trust
M current page of flag.	[A] Official process of Those [L] Education
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
of business on terms available to members of the pu and loans received not in a lender's regular course o	l lending institutions made in the lender's regular course blic without regard to your official status. Personal loans of business must be disclosed as follows:
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	% [] None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
omments:]

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Larry Johnston

NAME OF SOURCE Office Staff ADDRESS (Business Address Acceptable) 437 Old Mammoth Road, Mammoth Lakes, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE Retirement Party DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8	
ADDRESS (Business Address Acceptable) 437 Old Mammoth Road, Mammoth Lakes, CA Business Activity, IF ANY, OF SOURCE Retirement Party DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(s) 8	
### A37 Old Mammoth Road, Mammoth Lakes, CA #### BUSINESS ACTIVITY, IF ANY, OF SOURCE #### Retirement Party DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) #### BUSINESS ACTIVITY, IF ANY, OF SOURCE #### DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) #### ADDRESS (Business Address Acceptable) #### DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ##### DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ###################################	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Retirement Party DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8 / 13 / 10 \$ 300.00 Gift Certificate // \$ NAME OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) NAME OF SOURCE ADDRESS (Business Address Acceptable)	
Retirement Party DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8 / 13 / 10	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8	
J S J	GIFT(S)
J S J S J S J S J S J S J S J S J J	
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DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF G J_J	
	
	SIFT(S)
NAME OF SOURCE NAME OF SOURCE ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	
NAME OF SOURCE ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE	
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DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF G	SIFT(S)
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